MHSA Community Services and Supports
Program and Expenditure Plan
Age-Based Examples

Based on feedback at the last stakeholder meeting, here is an example of how counties would identify a community issue and follow the logic model in submitting their plan requirements. The attached example is general and greatly simplified; counties would, of course, have to provide all of the required responses under each section. This example is intended to illustrate what DMH is looking for in each of the plan requirements sections. As illustrated by the example, counties may ask for funding for strategies listed under the "System Capacity" section for enrolled participants only, or for others served throughout the system, or both.

In reviewing this example, keep in mind that it is expected that counties will be asking for funding to expand and transform their existing programs as well as implementing new programs. Although this example only addresses the new funding requests, counties will be building upon existing resources and will be describing these in their plans and expenditure requests. In addition to existing mental health funding, many counties have also developed blended funding arrangements and shared costs for interagency programs. It is expected that these will continue and be expanded as well.

MHSA Program and Expenditure Plan Example
Children, Youth and Families – County A

Section II: Community Issue

Many of our youth who have serious mental health issues are ending up in juvenile hall. Although some of these youth have been diagnosed with serious emotional disorders, they and their families are not getting the services they need to be successful at home, in school and in the community.

Section III: Unmet Mental Health Needs

Among the unmet needs identified by County A, 60% of youth in juvenile hall are estimated to have serious emotional disorders. In any given year, only about 20% of youth in juvenile hall have received any mental health services, and of those 20%, an estimated 40% are underserved. For example, they may have been screened for mental health problems but had only two follow-up visits and no family contacts or interventions. Estimated ethnicity percentages of these youth and their families are as follows: ----------

Section IV: Focal Population

The initial focal population selected for children, youth and families by County A is youth diagnosed with SED who end up in juvenile hall, and their families. County A will prioritize those youth who are entering the hall for the first time. County A expects to make a full service and support commitment to ------- of these families in year one and an additional ---------- in years two and three. Of these families, it is estimated that ---% will be unserved (meaning that they did not get any service other than the mandated health screening) and --% will be underserved (meaning that they had some mental health services but not a comprehensive service plan to address their needs and support their strengths). When all of the youth/families with first-time incarcerations have been fully served, County A will start providing full services and supports for youth with repeated juvenile hall incarcerations. Estimated ethnicity percentages of participating youth and their family will be as follows: ----------

Section V: Strategies for System Capacity Changes

Every participating youth/family will have a mental health case manager with a caseload of no more than 10 families. In addition to existing services, County A will offer these youth and their families the following new or expanded services[*]:

- Wraparound
- Multisystemic Family Therapy

[*] Not every youth/family will get every service, but these services will be available as needed.

- Mentoring
- Family run parent/caregiver self-help groups
- Integrated juvenile hall/probation/mental health/family service planning and monitoring

County A will use enrollment funds to fund case managers, training and contracting with mentors, training staff and providing multi-systemic family therapy as appropriate and the costs associated with integrated service planning and monitoring. System capacity funds will be used to establish a parent/caregiver education program and to start up a Wraparound program, which will be funded by a combination of interagency funding including CDSS placement funds.

MHSA Program and Expenditure Plan Example
Transition Age Youth – County A

Section II: Community Issue

Youth that have been diagnosed with serious emotional disorders who "age-out" of the child serving systems (primarily child welfare and the juvenile justice system) are in double jeopardy. In addition to having been housed within a variety of group living situations that limit development of independent living skills, disrupted educational opportunities and their own emotional issues, they lose their "peer group," housing, and their existing agency and community supports.

Section III: Unmet Mental Health Needs

Among the unmet needs identified by sample county, --% of transition age youth diagnosed with serious emotional disorders are either at the age or approaching the age where they will no longer be eligible for services from the child welfare system and/or will age-out of the juvenile justice system. It is estimated that --% of these youth have not received mental health services. Additionally, while --% of these youth may have received mental health services in the child and youth system, they may no longer be eligible for those services (for example, they may lose their Medi-Cal eligibility) and the services currently offered by the adult mental health system will not necessarily remain appropriate for them. The estimated ethnic breakdown of youth diagnosed with serious emotional disorders aging out of the welfare and juvenile justice systems each year is as follows: ----------

Section IV: Focal Population

The focal population selected for transition age youth is those youth diagnosed with serious emotional disorders and their families or designated caregivers, as appropriate, who are within one year of aging out of the child welfare or juvenile justice system. County A expects to reach out to this population and make a full service and support commitment to ------- of these youth in year one and an additional ---------- in years two and three. Of these youth, it is estimated that ---% will be considered "unserved" and --% will be considered "underserved," "inappropriately served," or "at risk" of losing their current services or stable community living situation due to their age. Estimated percentages of participating youth by ethnicity will be as follows:

Section V: Strategies for System Capacity Changes

Every transition age youth and their family or designated caregiver, as appropriate, who choose to participate will have a transition age case manager with a caseload of no more than 10 youth/families who will remain with them until they are successfully transitioned into age and developmentally appropriate independence. This will include the necessary connections to the appropriate mental health or behavioral health care provider.

Participating youth may also elect to not enroll or participate in the adult mental health system or the mental health system altogether. The case managers will be trained in the developmental, housing, education, employment, self-sufficiency aides (e.g., driver's licenses, taxes, checking, etc.) and clinical needs of these youth and will be able to respond to their needs 24/7. In addition to existing services, County A will offer participating youth and their families or designated caregivers the following new or expanded services:

- Integrated assessment and asset development teams that provide comprehensive mental health, social, physical health and substance abuse assessments which are strength-based and focused on engagement of the transition age youth and which can provide cultural specific assessments

- The integrated service and support planning which identifies needs in the areas of mental health service, education, job training, employment, housing, socialization, and independent living skills will be tailored by the youth. It will include the options of youth-run services including peer support and self-help groups and family-to-family support and consultation focused on helping families or designated caregivers support their youth through this transition-age period.

County A will use enrollment funds to support the case managers and integrated assessment and asset development teams. System capacity funding will be requested for funding to develop and staff youth and family-run services and to work with other agencies to develop housing options for youth leaving foster care, juvenile justice, and group homes. System capacity funds will also be requested to work with the community college to develop and implement an associate degree program for peer counselors and case managers.

MHSA Program and Expenditure Plan Example
Adults – County A

Section II: Community Issue

Many adults in our community are without a place to live due to the fact that they have a serious mental illness for which they have not received adequate treatment, services, and supports. In addition, other adults diagnosed with serious mental illness are at imminent risk of losing their housing and ending up on the streets because of similar concerns.

Section III: Unmet Mental Health Needs

Among the unmet needs identified by sample county, --% of adults with serious mental illness are without a place to live. It is further estimated that at any one time, --% of adults with serious mental illness are at risk of losing their housing. In any given year, only about --% of these adults have received any mental health services, and of those, an estimated --% are underserved, for example, they may have received only an assessment or may be receiving medications only. The estimated ethnic breakdown of the population of adults with SMI who are homeless is as follows:

Section IV: Focal population

The focal population selected for adults are those adults and their families, as appropriate, who are currently homeless or at risk of losing their housing. County A will prioritize those adults who are currently without a place to live. County A expects to outreach to this population and make a full service and support commitment to ------- of these adults in year one and an additional ---------- in years two and three. Of these adults, it is estimated that ---% will be unserved and --% will be underserved. Estimated percentages of participating adults by ethnicity will be as follows:

Section V: Strategies for System Capacity Changes

Every adult who chooses to participate will be part of an integrated service agency and have a mental health personal service coordinator with a caseload of no more than 10 adults and will be able to respond to their needs 24/7. In addition to existing services, County A will offer participating adults and their families the following new or expanded service:

- Integrated assessment teams
- Wellness Recovery Action Planning
- Supportive housing
- Integrated SA/MH
- Integrated outreach and/or advocacy services with criminal justice system as appropriate
- Peer supportive services and client and family run services

- Supportive education and employment services

County A will use enrollment funds to support the Personal Service Coordinators and the ongoing costs of the integrated services agency. System transformation funding will be requested for start-up costs for the integrated service agency, peer staffing to reach out to adults with serious mental illness who are homeless, establishing a housing program to support the ongoing housing needs of individuals served including using MHSA funds to leverage other funds to increase low-income housing for persons with serious mental illness, and funding to work with the community college to develop and implement an associate degree program for peer counselors and case managers.

MHSA Program and Expenditure Plan Example
Older Adults – County A

Section II: Community Issue

Older adults diagnosed with serious mental illnesses end up in hospitals and emergency rooms because that they have not had comprehensive assessments in order to determine what supports they need to live independently in the community.

Section III: Unmet Mental Health Needs

Among the unmet needs identified by County A, 80% of older adults diagnosed with a mental illness who end up in hospitals or emergency rooms have not had a comprehensive assessment and integrated service plan. 70% of the 80% are underserved in that they have had some assessment but the assessment lacked social factors, thorough understanding of medical conditions and an assessment of their living situation. Estimated ethnicity percentages of these older adults and their families are as follows: ----

Section IV: Focal Population

The focal population selected is older adults who are inappropriately served in emergency rooms or hospitals due to a lack of comprehensive assessments and supportive community living plans. County A will prioritize those older adults who are entering hospitals and emergency rooms. County A expects to make a full service and support commitment to ------- of these older adults and their families in year one and an additional ---------- in years two and three. Of these older adults, it is estimated that ---% will be unserved and --% will be underserved. Estimated ethnicity percentages of participating older adults and their family will be as follows: ----------

Section V: Strategies for System Capacity Changes

In addition to existing services, County A will offer these older adults and their families:

- A comprehensive assessment with an integrated service team which will include mental health, social, physical health, and substance abuse assessments which are strength-based and focused on the client/member's engagement and which is specific to their culture
- A mental health case manager with a caseload of no more than 10 older adults and their families
- A comprehensive plan of community services and supports

County A will use enrollment funds to support the case management costs and the costs of the comprehensive plan. They will use system capacity funds to create an integrated assessment team. This team will assess why clients did not get service before such

deterioration and develop outreach strategies to reach older adults before they end up in the emergency room and or hospital.